

Caring Perceptions

A student reflects on one patient's experience.

The Adopt-a-Patient program allows graduating medical students to observe how patients perceive their own illnesses and hospital stays. Recently Melissa Dattalo '09 "adopted" a Spanish-speaking patient about whom she knew nothing before she began her three-hour observation. The following excerpts are from her essay about the experience.

Since my Spanish comprehension is far superior to my ability to compose a coherent sentence, I spent 95 percent of the conversation as the listener. It also put me in the position of having inadequate vocabulary to understand the medical information another person was trying to explain. And the manner in which we each misinterpreted some of our dialogue revealed underlying assumptions that we both used to "fill in the blanks."

Despite these language barriers (and in some ways augmented by them), we were able to connect fairly quickly on an emotional level.

I was amazed at how effective our nonverbal communication was and how much more information it conveyed about emotional states. The patient acted out much of her HPI [history of present illness] while describing what happened, from scrubbing windows while working as a house cleaner, to feeling breathless and experiencing pleural pain that caused her to take shallow breaths. She communicated how she tried to finish what she was doing until she finally collapsed....

Despite the fact that I could only understand about half of what she was saying, feeling empathy for her was easier than usual. The conversation also allowed me to experience role reversal in understanding the challenges of health literacy. Over the course of three hours, the patient asked if I understood what she was saying about 20 times.... The less I understood, the more likely I was to just nod my head "yes" so that we could move on to a different topic.

I also learned to appreciate the value of analogies and descriptions of medical problems. Whether she was using medical or "layman's" terms, I did not understand the specific vocabulary. Her story, however, combined with her description of a "ball of blood in her lungs" made it clear that PE (pulmonary embolism) was her diagnosis.

New Insights

Some miscommunications made me more aware of underlying assumptions.... I asked if she was bothered by all the people coming in and out of the room. She responded by saying she tries very hard to be a good patient and not bother the busy staff. It made me think of how easy it is for medical personnel to feel that patients are indebted to be "cooperative" and appreciative of their time and of how those expectations are perceived.

Several assumptions I made turned out to be untrue. I imagined several hierarchical or financial pressures that compelled her to continue trying to work cleaning houses. I found out that she considers cleaning more of a joy than a job. It's a source of satisfaction, stress relief and spending quality time with her husband, with whom she started a cleaning business. She did have serious financial troubles, as she had no health insurance, but she was most upset about the void in her life if she could not return to work....

If there is no interpreter or Spanish-speaking staff member available, she usually calls her son to communicate for her.... He was not available, however, when she wanted to decline an imaging study. She understood that she was getting an ultrasound to look at her ovaries, and she wanted to tell the technician that her ovaries had been removed and that she didn't want the test. She was unable to communicate this and the test was performed.

That incident, however, did not bother her as much as the everyday difficulties of staying in the hospital. She didn't like being woken up abruptly from sleep by someone shaking her. She didn't like the lights being turned on and off all night because of things happening with her roommate. She didn't like the smell after her roommate, admitted for GI problems, used the bathroom. Most of all, she felt trapped. She was hooked up to monitors so she could not get up to go to the bathroom herself or brush her teeth by herself without "bothering" her nurse. The one thing she wanted most was to take a shower.

It had never occurred to me the extent to which we impair our patients' abilities to attend to basic hygiene. I thought it was somewhat paradoxical that, as medical professionals, we want our patients to take responsibility for self-managing their illnesses while we simultaneously put them in positions that make them feel so helpless and dependent. ■